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1927

TASMANIA

DEPARTMENT OF PUBLIC HEALTH

ANNUAL REPORT

FOR

1926

BY

E. J. TUDOR

SECRETARY FOR PUBLIC HEALTH

Presented to both Houses of Parliament by His Excellency's Command



Tasmania:

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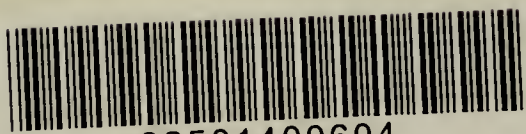
The Secretary for Public Health

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SALUS POPULI SUPREMA LEX.

ANNUAL REPORT, 1926.

Public Health Department,
Hobart, 22nd February, 1927.

SIR,

I HAVE the honour to present the annual report of the Department of Public Health for the year ended the 31st December, 1926.

In July I had the privilege, owing to your inability to attend, of representing the State at the Congress of Ministers of Health of the Commonwealth and States of Australia, held at Melbourne, for the purpose of considering the recommendations contained in the report of the Royal Commission of Health, 1925. From the sympathetic consideration and attention given to the proceedings of this conference by the various representatives, I feel assured that the Commonwealth Government has laid the foundations of a new epoch in preventive medicine, which will be reflected in the future health and well-being of our people. Having regard to the important nature of the resolutions passed at this conference, which were subsequently submitted to, and approved by, your Government, I deem it fitting to recapitulate them in this report:—

RESOLUTIONS.

Part I. of Report.—Morbidity.

1. The conference agrees that an early conference should be held of the professional heads of the health departments, followed by a conference of these with the statisticians (Commonwealth and State), consulting later with representative hospital superintendents.

The Commonwealth will convene these conferences and bear the expenses of the delegates.

These conferences should improve the existing system of collecting mortality statistics, extend the collection of morbidity statistics, and remove any existing anomalies.

Part III. of Report.—Co-operation of Commonwealth and State Health Authorities.

2. The conference recommends that the Commonwealth take steps with regard to a school of preventive medicine and tropical hygiene to consult the various medical schools and universities of the States with a view to the establishment of such a school and to the teaching of preventive medicine on an improved basis to all medical students and other public health personnel.

3. The conference agrees that a Federal Health Council should be established as an advisory body. The conference further agrees that the recommendations of the Royal Commission on Health are, in general, accepted, and should be adopted by the Federal Health Council as the general policy to be followed.

The functions of the Federal Health Council should be as specified by the Royal Commission.

The Commonwealth Government will bear all the expenses of this council, including the expenses of delegates.

The Federal Health Council will meet at least annually. The Commonwealth Director-General of Health will preside at all sessions of the Federal Health Council.

Part IV. of Report.—Prevention of Disease.

4. The conference affirms the general principle that all Government services connected with health should be under the control of one Minister.

5. The conference agrees to refer the question of the model scheme of general health administration to the Federal Health Council.

6. The Commonwealth Government, after recommendation by the Federal Health Council, may formulate the principles of a comprehensive campaign as the basis for any subsidies the Commonwealth may make to the States for carrying out such a campaign.

7. The conference agrees to refer the question of laboratories to the Federal Health Council.

8. The conference agrees with recommendations (6) and (7) of Part IV. of the Royal Commission's report.

Part V. of Report.—Venereal Diseases.

9. The conference approves generally of the recommendations in Part V. (Venereal Diseases), without expressing an opinion on Clause 13.

Part VI. of Report.—Food and Drugs.

10. The matter of the control of imported foods and such foods and drugs of Australian origin as are, or may be, the subject of interstate trade shall be referred to the Federal Health Council, together with analysts and trade representatives, on the lines adopted in the constitution of the conference of 1910, with a view to recommendations being made to the Commonwealth Government and the Governments of the various States in relation to the relative spheres of administration of each.

Part VII. of the Report.—Maternity Hygiene.

11. The Commonwealth Government, after recommendation by the Federal Health Council, may formulate standards for facilities to women, before, during, and after childbirth, as the basis for any subsidies the Commonwealth may make to the States for the provision of such facilities.

12. That recommendations (3) and (4) of Part VII. be referred to the Federal Health Council.

Part VIII. of Report.—Child Welfare.

13. The Commonwealth Government, after recommendation by the Federal Health Council, may formulate standards for facilities for child welfare, especially schools of mothercraft, and also to provide institutional care for mental defectives and bush nursing as the basis for any subsidies the Commonwealth may make to the States for the provision of such facilities.

14. Recommendation four (4) adopted.

Part IX. of Report.—Industrial Hygiene.

15. The conference endorses the general principles of Part IX. referring the details to the Federal Health Council.

Part X. of Report.—Research.

16. The recommendations in Part X., relative to the encouragement and development of research work, were adopted unanimously.

17. The conference expresses the opinion that the Commonwealth Department of Health should investigate questions of diet in relation to health and disease, and keep the State departments informed of the results obtained.

Part XI. of Report.—Relationship Between Public Health Authorities and Medical Practitioners.

18. The conference endorses generally recommendation three (3) of Part XI., and refers the consideration of details to the Federal Health Council.

The same course should be followed in respect of dentists, nurses, and midwives.

Part XIII. of Report.—Publication of Information Relating to Public Health.

19. The conference adopts the recommendation of the Royal Commission with reference to Part XIII.

The Honourable J. Stopford (Queensland) referred to the following motion, of which he had previously given notice. This, although not moved as a definite resolution, was accepted by the conference:—

“That it is eminently desirable that the Commonwealth should undertake research work and special investigations and campaigns as in the case of hookworm, compilation of statistics, and publicity, and for these purposes the States should co-operate and extend to Commonwealth officers the powers and authorities of the State laws as and when required, and enable access to, and make available, the records and resources of State institutions and activities.”

Upon reference to Resolution 3 it will be noted that the conference agreed that a Federal Health Council should be established as an advisory body. This council, which was constituted by an order of the Federal Executive Council, dated the 20th November, 1926, consists of nine members, as follow:—

The Director-General of Health, Commonwealth, who shall be chairman, and preside at all meetings.

Two other officers of the Department of Health of the Commonwealth, to be appointed from time to time by the Minister for Health.

The Director-General of Public Health, New South Wales.

The Chairman of the Health Commission, Victoria.

The Commissioner of Public Health, Queensland.

The President of the Central Board of Health, South Australia.

The Commissioner of Public Health, Western Australia.

The Director of Public Health, Tasmania.

Five members to constitute a quorum.

The Minister for Health of the State concerned, or of the Commonwealth, as the case may be, may, in the case of the absence of any member of the Federal Health Council, appoint a substitute for attendance at any meeting.

This order also prescribed the functions of the Council, as hereunder:—

To advise the Commonwealth and State Governments on health matters generally, and as to measures which should be adopted for the co-operation of Commonwealth with States, and of States with States, and for the promotion of uniformity of legislation and administration, where advisable, in matters concerning the health of the people.

During the year officers of the Department conducted a class of instruction for students desirous of qualifying for the health inspector's certificate of the Royal Sanitary Institute. Sixteen inspectors and 21 other persons, including some nurses attached to the Education Department and public hospitals, received the instruction, which, by the way, was imparted to them in a very able manner by the Chief Inspector and Inspector Clark, of the Departmental staff. At the termination of this class of instruction the bi-annual

conference for local sanitary inspectors took place at Hobart. The gathering was the largest of its kind which had been held in the State. In addition to the representatives from some 30 municipal districts the many students who were qualifying for the health inspector's certificate were also in attendance. The main purport of this conference is to impart knowledge, both theoretical and practical, to inspectors who work under the various local health authorities throughout the State. As these officers, particularly those employed in districts outside of Hobart and Launceston, have to rely, to a large extent, upon their own resources in carrying out their many important duties under the public health and kindred laws, it is recognised by the Department how essential it is that they should receive every encouragement and advice, in order that they may be the better enabled to render efficient service, and in promoting the health of the people. It is worthy of record that, at the termination of this conference, those present expressed their gratitude to the Government and Department for the comprehensive and instructive programme of proceedings presented to them, which had added materially to their knowledge, and would give them greater confidence in dealing with the many important problems which require elucidating in the course of their duties.

Bills to amend the Public Health and Food and Drugs Acts were introduced during the last session of Parliament. Both measures passed the House of Assembly, but had not been finally dealt with by the Legislative Council when the session terminated. The bills contain provisions which, if legalised, will enable the Department and local health authorities to eliminate many unsatisfactory features arising out of the existing law, and exercise control over matters which experience has shown need regulating in the interests of the public health.

The Department sustained a severe loss through the resignation of Sister Richmond, the Supervisory Nurse, who, by her splendid service and devotion to duty, had played an important part in the administration of the Bush Nursing Scheme. Her promotion to the matronship of a large hospital in one of the sister States was a just reward for the excellent work she rendered during the five years that she was an officer of this Department. Sister Stammer, who for some years had been employed as a bush nurse in various centres throughout the State, received the appointment of Supervisory Nurse. Miss Stammer is carrying out her new duties in a very satisfactory manner.

Towards the close of the year officers were provided with new accommodation in the rooms formerly occupied by the Industrial Department. Under this rearrangement the whole staff is now grouped together in one suite of offices, thus overcoming the inconvenience which hitherto existed through the administrative and inspectorial branches of the Department being on separate floors.

LOCAL ADMINISTRATION.

“The Public Health Act” is so framed that the primary responsibility for carrying out its provisions devolves upon the local authorities. In the performance of its functions under this law a local authority is required to appoint such officers, inspectors, and servants as may be necessary. The minimum requirements in this regard are a medical officer of health (unfortunately, in nearly every instance, a general practitioner on a part-time basis) and an inspector, whose time, too, in many cases, outside the cities of Hobart and Launceston, is not devoted entirely to public health work. It is upon this latter officer that devolves the main responsibility for the maintenance of a reasonable standard of sanitation in his district, as the local medical officer of health, not being vested with essential responsibility, and receiving a mere pittance in the nature of a retaining

fee for his services, cannot afford to give his attention to health administration, which will often bring him into conflict with his prospective patients. His experience in the community, therefore, is primarily curative, when it should be preventive. Until a change is brought about in this regard, and the general practitioner is retained as an active unit in public health administration, working in co-operation with the controlling authority, local health work will not receive the consideration and attention which its importance demands.

Despite this handicap, the external sanitary conditions of the State have shown steady improvement in recent years. The disposal of excreta and rubbish has been brought, on the whole, to a fair standard; with one or two exceptions water-supplies are satisfactory, factories are controlled; nuisances are abated; by regular supervision the food supplies are being safeguarded; domestic overcrowding is being reduced; the healthiness of dwellings is attended to by routine domestic inspections, particularly in connection with the prevention and control of infectious diseases.

Another pleasing feature, having an important bearing upon local health administration, is the increasing number of inspectors qualifying for the certificate of the Royal Sanitary Institute, which is recognised throughout the British Dominions as a test of sanitary knowledge. The Department provides facilities for the training involved, recognising, as it does, the many advantages which must accrue by the employment of properly qualified inspectors in municipal districts.

NOTIFIABLE INFECTIOUS DISEASES.

Tables are appended showing—

- (a) Cases of all diseases notified during the year 1926.
- (b) Age and sex incidence of notified cases of diphtheria, typhoid fever, scarlet fever, and tuberculosis (lung and throat) for each month of the year 1926.

- (c) Comparative figures in respect of cases reported in each municipal district during the years 1925 and 1926.

- (d) Comparative figures of all diseases notified during the past five years.

Diphtheria.—This disease was less prevalent in 1926 than in the previous 17 years. The deaths totalled 6, giving a death rate per 10,000 of population of '3, and a death rate per 100 cases of the disease of 1·7.

The districts which suffered most from the disease were Launceston (76 cases), Hobart and Circular Head (each 36 cases), and Westbury (32 cases). No cases of the disease were reported from 15 districts.

Scarlet Fever.—The notifications of this disease numbered 188. These figures are also the lowest on record since 1919-20. There was only one death from this disease, giving a death rate per 10,000 of population of '05, and a death rate per 100 cases of the disease of 0·5.

Typhoid Fever.—The notifications of this disease numbered 80. There were eight deaths during the year. No less than 27 districts were free of this disease during the year.

Tuberculosis (Lung and Throat).—The yearly incidence of this disease shows neither any marked increase nor diminution. One hundred and seventy-eight cases were notified during the year under review, whilst the deaths from all forms of the disease totalled 62.

It is sincerely hoped that at no distant date a comprehensive campaign will be launched against the spread of tuberculosis, as the result of the following recommendation of the Commonwealth Royal Commission on Health:—

- “ That the Commonwealth Department of Health should formulate the principles of a comprehensive campaign against the spread of tuberculosis, and the Commonwealth should make conditional subsidies to the States for carrying out such a campaign.”

TABLE A.

RETURN showing Number of Cases of Infectious Diseases Reported to Department of Public Health during the Year ended December, 1926.

Municipality.	Diphtheria.	Typhoid Fever.	Scarlet Fever.	Phthisis.	Puerperal Fever.	Cerebro- Spinal Meningitis.	Infantile Paralysis	Ophthalmia Neona- torum.	Lethargic Encephal- itis.	Hæmaturia.	Total.
1 Beaconsfield	15	...	...	4	1	...	...	...	...	...	20
2 Bothwell .....	...	2	1	...	...	...	...	...	...	...	3
3 Brighton	1	5	1	1	...	...	1	...	...	...	9
4 Bruny .....	...	...	...	...	...	...	...	...	...	...	...
5 Campbell Town	5	5	...	1	...	...	...	...	...	...	11
6 Circular Head	36	...	6	1	...	1	...	...	...	...	44
7 Clarence	3	1	1	1	...	...	...	...	...	...	6
8 Deloraine.....	4	...	...	3	...	...	...	...	...	...	7
9 Devonport	5	4	13	7	...	...	...	...	...	1	30
10 Emu Bay	12	...	...	3	1	2	...	1	...	...	19
11 Esperance	9	6	10	3	...	1	...	...	...	...	29
12 Evandale.....	6	...	2	1	...	...	...	...	...	...	9
13 Fingal	1	1	...	2	...	...	...	...	...	...	4
14 Flinders .....	...	...	...	...	2	...	...	...	...	...	2
15 Gormanston	5	...	...	...	...	...	...	...	...	...	5
16 Glamorgan .....	...	...	...	...	...	...	...	...	...	...	...
17 George Town	3	...	...	1	1	...	...	...	...	...	5
18 Glenorchy.....	7	3	11	11	...	...	1	1	...	...	34
19 Green Ponds	1	...	4	1	...	...	...	...	...	...	6
20 Hamilton.....	1	3	1	...	...	...	...	...	...	...	5
21 Hobart	36	7	42	48	2	...	...	1	...	...	136
22 Huon	5	...	1	2	1	...	...	...	...	...	9
23 Kentish	4	...	11	4	...	...	...	...	...	...	19
24 Kingborough	2	1	6	5	...	...	...	...	...	...	14
25 King Island .....	...	...	...	...	...	...	...	...	...	...	...
26 Latrobe	8	6	7	3	...	1	...	...	...	...	25
27 Launceston	76	3	12	23	...	1	1	1	...	...	117
28 Leven	6	1	11	...	...	...	...	...	...	...	18
29 Lilydale	8	...	3	3	...	...	...	...	...	...	14
30 Longford	6	...	...	3	...	...	...	...	...	...	9
31 New Norfolk	11	4	4	15	3	2	...	...	...	...	39
32 Oatlands .....	...	10	1	2	...	...	...	...	...	...	13
33 Penguin	5	...	...	...	...	...	...	...	...	...	5
34 Port Cygnet .....	...	1	13	3	...	...	...	...	...	...	17
35 Portland .....	...	1	1	...	...	...	...	...	...	...	2
36 Queenstown	3	...	...	...	...	...	...	...	1	...	4
37 Ross .....	...	...	1	2	...	...	...	...	...	...	3
38 Ringarooma	1	4	...	3	...	...	...	...	...	...	8
39 Richmond .....	...	...	1	...	...	...	...	...	...	...	1
40 Spring Bay.....	...	6	...	1	...	...	...	...	...	...	7
41 St. Leonards	7	...	3	1	...	...	...	...	...	...	11
42 Scottsdale	18	4	1	2	...	...	...	...	...	...	25
43 Sorell .....	...	...	4	2	...	...	...	...	...	...	6
44 Strahan .....	...	...	...	...	...	...	...	...	...	...	...
45 Tasman .....	...	...	9	1	...	...	...	...	...	...	10
46 Table Cape	4	...	3	1	...	...	...	...	...	...	8
47 Waratah	1	...	...	...	...	...	...	...	...	...	1
48 Westbury	32	1	4	1	...	...	...	...	...	...	38
49 Zeehan .....	...	...	...	11	...	...	...	...	...	...	11
50 Overseas .....	...	1	...	2	...	...	...	...	...	...	3
TOTAL CASES.....	347	80	188	178	11	8	3	4	1	1	821

TABLE showing Age and Sex Incidence of Notified Cases of Diphtheria, Typhoid Fever, Scarlet Fever, and Tuberculosis (Lung and Throat), for each Month of the Year 1926.

Month.	Age Period.	Diphtheria.			Typhoid Fever.			Scarlet Fever.			Phthisis.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
January ..	All ages	10	19	29	2	2	4	7	6	13	6	6	12
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4 . . . . .	..	2	2	..	1	1	..	..	..	..	..	..
	5-14	4	8	12	1	..	1	5	2	7	..	1	1
	15-24	3	4	7	..	1	1	..	4	4	1	2	3
	25-34	3	4	7	1	..	1	1	..	1	2	2	4
	35-44 . . . . .	..	..	..	..	..	..	..	..	..	1	1	2
	45-54 . . . . .	..	1	1	..	..	..	..	..	..	2	..	2
	55-64 . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	65 and over . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	Age not stated . . . . .	..	..	..	..	..	..	1	..	1	..	..	..
February.	All ages	15	20	35	7	7	14	8	12	20	6	6	12
	Under 1 year	1	..	1	..	..	..	1	..	1	..	..	..
	1-4	3	2	5	2	..	2	1	2	3	..	..	..
	5-14	7	11	18	1	4	5	6	6	12	..	..	..
	15-24	1	3	4	3	1	4	..	1	1	2	1	3
	25-34	1	..	1	..	1	1	..	1	1	2	..	2
	35-44	1	2	3	1	1	2	..	1	1	1	4	5
	45-54 . . . . .	..	..	..	..	..	..	..	..	..	1	1	2
	55-64	1	1	2	..	..	..	..	..	..	..	..	..
	65 and over . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	Age not stated . . . . .	..	1	1	..	..	..	..	1	1	..	..	..
March ..	All ages	8	8	16	7	8	15	7	12	19	9	11	20
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4	1	..	1	..	..	..	1	..	1	..	..	..
	5-14	4	4	8	..	3	3	5	8	13	..	..	..
	15-24	3	3	6	2	1	3	..	4	4	2	4	6
	25-34 . . . . .	..	..	..	4	..	4	..	..	..	3	5	8
	35-44 . . . . .	..	1	1	..	2	2	1	..	1	2	1	3
	45-54 . . . . .	..	..	..	1	1	2	..	..	..	..	1	1
	55-64 . . . . .	..	..	..	..	1	1	..	..	..	..	..	..
	65 and over . . . . .	..	..	..	..	..	..	..	..	..	1	..	1
	Age not stated . . . . .	..	..	..	..	..	..	..	..	..	1	..	1
April. . . .	All ages	16	28	44	6	4	10	5	9	14	5	16	21
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4	4	4	8	..	..	..	1	4	5	..	..	..
	5-14	5	12	17	1	1	2	3	4	8	1	..	1
	15-24	4	3	7	3	2	5	1	..	1	..	5	5
	25-34	1	5	6	1	..	1	..	..	..	2	5	7
	35-44 . . . . .	..	1	1	..	1	1	..	..	..	1	2	3
	45-54	1	1	2	1	..	1	..	..	..	1	2	3
	55-64 . . . . .	..	..	..	..	..	..	..	..	..	..	2	2
	65 and over . . . . .	..	1	1	..	..	..	..	..	..	..	..	..
	Age not stated	1	1	2	..	..	..	..	..	..	..	..	..
May	All ages	10	6	16	1	..	1	10	12	22	5	9	14
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4	2	..	2	..	..	..	2	4	6	..	..	..
	5-14	6	4	10	..	..	..	5	8	13	..	..	..
	15-24	2	..	2	..	..	..	..	..	..	..	1	1
	25-34 . . . . .	..	..	..	..	..	..	2	..	2	2	4	6
	35-44 . . . . .	..	1	1	1	..	1	1	..	1	2	2	4
	45-54 . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	55-64 . . . . .	..	..	..	..	..	..	..	..	..	1	1	2
	65 and over . . . . .	..	..	..	..	..	..	..	..	..	..	1	1
	Age not stated . . . . .	..	1	1	..	..	..	..	..	..	..	..	..
June	All ages	11	24	35	3	..	3	11	6	17	3	3	6
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4	2	6	8	1	..	1	3	1	4	..	..	..
	5-14	5	9	14	14	..	..	..	7	4	11	..	..
	15-24	2	5	7	..	..	..	..	..	..	1	..	1
	25-34	1	2	3	1	..	1	..	..	..	1	2	3
	35-44 . . . . .	..	1	1	..	..	..	..	1	1	1	..	1
	45-54 . . . . .	..	..	..	1	..	1	..	..	..	..	..	..
	55-64 . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	65 and over . . . . .	..	..	..	..	..	..	1	..	1	..	..	..
	Age not stated	1	1	2	..	..	..	..	..	..	..	1	1

TABLE C.
Comparative Table of Infectious Diseases showing Increase and Decrease.

Municipality.	1925.	1926.	Increase.	Decrease.
1. Beaconsfield	10	20	10	...
2. Bothwell	13	3	...	10
3. Brighton ....	...	9	9	...
4. Bruny	2	...	...	2
5. Campbell Town	11	11	...	...
6. Circular Head...	39	44	5	...
7. Clarence	23	6	...	17
8. Deloraine	18	7	...	11
9. Devonport	41	30	...	11
10. Emu Bay	29	19	...	10
11. Esperance	11	29	18	...
12. Evandale	12	9	...	3
13. Fingal.....	12	4	...	8
14. Flinders Island	1	2	1	...
15. Gormanston	12	5	...	7
16. Glamorgan	2	...	...	2
17. George Town	1	5	4	...
18. Glenorchy	42	34	...	8
19. Green Ponds	2	6	4	...
20. Hamilton	4	5	1	...
21. Hobart	201	136	...	65
22. Huon	13	9	...	4
23. Kentish	25	19	...	6
24. Kingborough	5	14	9	...
25. King Island .....	...	...	...	...
26. Latrobe.....	20	25	5	...
27. Launceston	225	117	...	8
28. Leven	16	18	2	...
29. Lilydale	11	14	3	...
30. Longford	23	9	...	14
31. New Norfolk	40	39	...	1
32. Oatlands	5	13	8	...
33. Penguin	6	5	...	1
34. Port Cygnet	16	17	1	...
35. Portland	1	2	1	...
36. Queenstown	1	4	3	...
37. Ross	3	3	...	...
38. Ringarooma	17	8	...	9
39. Richmond	4	1	...	3
40. Spring Bay.....	2	7	5	...
41. St. Leonards	29	11	...	18
42. Scottsdale	7	25	18	...
43. Sorell	3	6	3	...
44. Strahan .....	...	...	...	...
45. Tasman	2	10	8	...
46. Table Cape	7	8	1	...
47. Waratah	2	1	...	1
48. Westbury	38	38	...	...
49. Zeehan	13	11	...	2
50. Overseas	2	3	1	...
TOTAL	1022	821	120	221

Gross Decrease	221
Gross Increase.....	120
Net Decrease	101

TABLE D.
Comparative Figures of all Diseases notified during the Years 1922-1926.

Disease.	1922.	1923.	1924.	1925.	1926.
Diphtheria	1618	870	597	473	347
Typhoid Fever	139	91	78	50	80
Scarlet Fever	981	604	376	288	188
Phthisis	173	159	235	183	178
Puerperal Fever	16	9	14	16	11
Cerebro-spinal Meningitis ...	6	8	1	4	8
Infantile Paralysis	3	...	3	2	3
Ophthalmia Neonatorum ...	5	3	3	5	4
Lethargic Encephalitis .....	...	1	...	1	1
Hæmaturia .....	...	...	...	...	1

VENEREAL DISEASES.

The total number of new cases of venereal disease notified during 1926 was 413, as against 460 in the preceding year.

Approximately 30 per cent. of the cases notified were treated at public hospitals, where facilities are provided for free maintenance and treatment. The cost to the State for this service during the last financial year was £1154 6s. 2d. A few medical practitioners who specialise in venereal disease work were responsible for

notifying the major portion of the cases reported outside of public hospitals.

Orders requiring persons to obtain medical treatment were served upon four individuals. In each case the order was complied with.

Since the inception of the law making cases of the disease compulsorily notifiable, the sex distribution of the disease is shown in the following table:—

Number of Cases.

	Male.	Female.	Total.
1917-18	378	63	441
1918-19	296	70	366
1919-20	409	79	488
1920-21	338	81	419
1921-22	352	121	473
1922	271	86	357
1923	282	102	384
1924	397	119	516
1925	328	132	460
1926	344	69	413

Other tables (E-G), showing the source of notifications, the sex and age distribution, and the marital status of the individuals concerned, are also appended.

TABLE E.

RETURN showing Source of Notifications of Venereal Disease for each month of the year 1926.

	Jan.		Feb.		March.		April.		May.		June.		July.		August.		Sept.		Oct.		Nov.		Dec.		Total.		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Gonorrhœa—																											
Hospital Clinics	8	1	6	5	10	3	15	4	4	...	5	...	3	...	7	4	3	2	10	1	7	...	7	4	85	24	109
Private Doctors	11	4	23	2	11	5	37	5	10	...	3	...	17	3	10	...	11	...	9	...	35	9	25	7	202	35	237
Gleet—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	1	...	...	...	1	...	...	...	...	...	5	...	3	...	2	...	...	...	...	...	...	...	21	...	21
Syphilis, Primary—																											
Hospital Clinics	1	...	3	...	1	2	1	...	7	...	1	...	3	...	3	1	1	...	1	...	1	...	...	...	23	3	26
Private Doctors .....	...	1	3	1	2	...	1	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	1	...	8	5	13
Syphilis, Secondary—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis, Congenital—																											
Hospital Clinics	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Soft Chancre—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Gonorrhœa & Syphilis—																											
Hospital Clinics	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhœa & Chancre—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis and Chancre—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhœa & Ophthalmia—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total.....	23	7	36	8	24	10	55	10	21	1	9	...	30	3	23	6	17	2	20	1	49	9	37	12	344	69	413

TABLE F.
RETURN showing Sex and Age Distribution of cases of Venereal Disease reported to the Public Health Department for the Year 1926.—Metropolitan and Extra-Metropolitan).

	Under 1 year.		1-5.		5-10.		10-15.		15-20.		20-25.		25-30.		30-35.		35-40.		40-45.		45-50.		50-55.		55-60.		60-65.		65-70 and over.		Age not stated.		Total.		Grand Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Gonorrhœa—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	208
Extra-Metropolitan ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	143
Gleet—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Syphilis, Primary—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21
Syphilis, Secondary—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis, Congenital—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Soft Chancre—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhœa & Syphilis—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhœa & Syphilis—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhœa & Chancre—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis & Chancre—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhœa & Ophthalmia—																																			
Metropolitan .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Extra-Metropolitan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	2	1	...	3	...	1	...	3	41	12	96	16	60	12	46	9	32	6	25	2	13	1	12	...	3	2	5	...	8	...	1	...	...	...	413

TABLE G.

Return showing Marital Status of Cases of Venereal Disease reported to Department of Public Health for Year 1926.

	Married.		Single.		Total.
	Male.	Female.	Male.	Female.	
Gonorrhœa	90	23	197	36	346
Gleet	5	...	16	...	21
Syphilis ³	14	6	18	3	41
Chancre	2	...	...	...	2
Gonorrhœa and Syphilis .....	...	...	2	...	2
Gonorrhœa and Ophthalmia .....	...	...	...	1	1
	111	29	233	40	413

CHILD WELFARE AND INFANTILE MORTALITY.

The reports of work performed by child welfare nurses during the year are again very satisfactory. Each year's figures reveal a marked advance on those in

respect of the previous period, which must be most encouraging to the officers concerned, and to the voluntary workers who are rendering such excellent service towards the national life of the State. The instruction in mothercraft and infant hygiene imparted by nurses to the senior girls of State schools has also been well received. The nurses report that the children show an intelligent grasp of the principles involved.

The Mothercraft Home, established at Hobart during the previous year by the Child Welfare Association, has done splendid work for the 27 mothers and 59 babies who were received as in-patients during the period under review. Eleven nurses also completed the course of training in mothercraft at the Home.

Statistics reveal a substantial decline in the infantile death rate. As a matter of fact the rate for the year, viz., 46·5, is the lowest on record. This is probably due, not so much to climatic change or sanitary improvement, as to "the awakening of the public conscience upon the subject," which has expressed itself in wider knowledge and greater care of child life. These figures must give all of those interested in this work reason for congratulation. It also furnishes some good grounds as to the necessity for maintaining and extending our activities in this direction.

Tables H-K, containing statistical data in regard to infantile mortality, are appended.

TABLE H.

INFANTILE Mortality.

Number of Deaths under 1 Year in Tasmania for the last 20 Calendar Years.

	Year.																			
	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.
Deaths.....	438	426	361	569	403	393	417	431	422	423	281	321	343	374	451	324	326	296	287	232

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queensland.	South Australia.	West Australia.	New Zealand.	Co'monwealth.
1907.....	82	88·5	72·6	77·7	66·6	97·5	88·8	...
1908.....	76	75·2	86·1	70·7	69·5	84·7	67·9	...
1909.....	65	73·9	71·4	71·5	60·9	78·0	61·6	...
1910.....	101·9	74·7	76·9	62·9	70·2	78·2	67·7	...
1911.....	74·1	69·5	68·7	65·4	60·6	76·0	56·3	...
1912. ...	66·6	71·0	74·5	71·7	61·7	82·1	51·2	...
1913.....	70·7	77·8	70·5	63·4	69·9	70·3	59·2	...
1914.....	71·6	69·3	78·3	63·9	75·8	68·1	51·4	...
1915.....	72·2	67·7	68·8	64·3	67·0	66·5	50·1	...
1916.....	75·0	67·2	74·6	70·3	73·2	66·2	50·7	...
1917.....	52·3	56·9	56·8	53·9	53·1	57·1	48·2	...
1918	60·8	59·0	61·8	56·7	51·3	57·1	48·4	...
1919.....	64·6	71·8	67·9	71·9	64·0	61·1	45·3	...
1920.....	65·2	69·8	73·8	63·24	67·1	66·1	50·6	...
1921.....	78·4	62·9	72·7	54·1	65·4	78·3	47·8	65·7
1922.....	55·7	53·6	53·4	50·4	47·5	55·6	41·9	52·7
1923.....	57·6	60·7	65·7	54·0	60·3	56·0	43·8	60·5
1924.....	55·0	58·9	61·3	51·2	51·3	49·9	40·2	57·0
1925.....	55·0	55·0	57·0	45·2	46·1	56·6	40·0	53·4
1926.....	46·5	57·6	55·7	50·7	44·3	49·3	39·8	54·0

TABLE I.
TASMANIA.

TABLE showing the Principal Causes of Deaths of Children under 1 Year of Age in Tasmania in each Year from 1902 to 1926.

Causes of Deaths.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.
7. Measles .....	...	...	...	...	1	...	...	2	...	1	1	2	...	1	...	1	...	...	2	...	...	1	...	...	...
8. Scarlet Fever, &c.....	...	3	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9. Whooping Cough.....	17	50	22	...	1	37	14	1	35	8	...	19	7	16	17	3	6	...	4	12	6	...	9	23	1
10. Diphtheria and Croup.....	1	2	1	3	...	1	1	2	2	...	2	4	2	1	3	...	...	...	1	1	...	1	2	1	1
Other Epidemic Disease	8	3	9	1	7	2	2	1	1	13	4	3	2	4	5	1	1	...	2	9	4	2	2	1	1
29. Tetanus	1	...	...	1	3	...	1	...	2	...	1	...	...	...	...	2	...	...	...	1	...	...	...	...	...
32. Tubercular Meningitis	4	5	4	3	4	5	4	1	6	2	3	1	1	6	7	5	...	2	...	2	3	3	...	...	1
38. Syphilis.....	2	4	5	3	4	4	5	5	3	2	...	7	3	8	2	3	15	1	6	7	4	6	...	6	3
80. Convulsions	39	27	39	54	36	30	30	25	22	19	25	20	20	11	11	15	5	18	14	16	11	9	9	7	5
99. Bronchitis	26	29	19	21	15	24	11	11	8	13	13	15	13	15	5	5	15	9	4	6	4	10	5	3	1
100..(a) Broncho-pneumonia .....	...	5	16	10	17	16	11	8	15	20	16	17	12	17	18	10	8	13	22	33	12	20	19	15	5
10 Pneumonia	25	17	4	17	17	20	10	21	18	23	11	18	9	17	22	8	25	9	73	27	20	23	24	20	13
113. { Gastro-Enteritis	42	{ 60	49	28	67	42	55	29	108	45	38	{ 46	119	{ 40	81	29	33	24	{	113	37	35	16	29	30
113. { Diarrhoea and Enteritis ... }	...	{ 57	50	27	52	14	60	20	60	13	21	{	4	{ 21	30	19	15	13	{	...	...	...	...	...	...
Other Diseases of Stomach ...	...	3	6	4	9	2	2	1	7	5	3	4	4	7	1	7	4	7	5	4	4	9	1	1	...
159. Congenital Defects	4	16	16	11	7	11	14	12	27	19	16	25	14	17	17	17	19	10	19	29	36	29	28	20	19
161.(a) Premature Birth	70	83	68	72	63	80	76	103	95	80	93	{ 153	{ 89	124	93	63	80	105	{	126	132	132	97	89	91
160. Debility, Marasmus.....	94	101	102	75	87	67	74	64	86	64	65	{	{ 67	54	55	48	55	68	{	...	...	{	{ 47	37	29
162. Diseases Early Infancy .....	...	19	17	24	13	10	8	1	9	6	15	13	26	20	19	16	14	21	29	24	25	17	8	8	13
Other Diseases	69	79	53	70	84	73	48	54	64	70	64	70	43	43	37	29	26	36	31	41	26	29	22	29	20
Total	402	563	480	424	487	438	426	361	569	403	393	417	431	422	423	281	321	343	374	451	324	326	296	287	232
Infantile Mortality Rate (per 1000 Births)	79	111	91	80	91	82	76	65	101.9	73.7	66.6	70.7	71.6	72.2	75.0	52.3	60.8	64.6	65.2	78.4	55.7	57.6	55.0	55.0	46.5
Total Births	5085	5080	5292	5257	5333	5291	5615	5500	5586	5437	5853	5886	6017	5845	5642	5376	5280	5310	5740	5755	5817	5657	5383	5218	4988

TABLE J.

(Showing Ages and Causes of Death under 1 year—1926.)

Causes of Death.	Under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	Total.
Whooping Cough .....	...	...	...	1	1
Diphtheria and Croup .....	...	...	...	1	1
Influenza .....	...	1	...	...	1
Tubercular Meningitis .....	...	...	...	2	2
Syphilis .....	...	...	1	...	1
Cancer .....	...	...	...	2	2
Disease of Thymus Gland...	4	...	...	...	4
Cerebral Hæmorrhage	1	...	1	1	3
Convulsions	3	1	...	1	5
Diseases of Ear and Mastoid Process.....	...	...	1	...	1
Bronchitis .....	...	...	...	1	1
Broncho-Pneumonia .....	...	...	2	3	5
Pneumonia	5	3	2	3	13
Pleurisy .....	...	...	...	1	1
Diarrhoea and Enteritis	5	6	13	6	30
Intestinal Obstruction .....	...	...	...	1	1
Acute Abscess	1	...	...	...	1
Diseases of Scalp	1	...	1	...	2
Congenital Malformations	12	6	...	1	19
Congenital Debility	22	6	...	1	29
Prematurity.....	77	...	1	...	78
Injury at Birth	13	...	...	...	13
Other Diseases peculiar to Early Infancy	13	...	...	...	13
Burns .....	...	...	...	1	1
Accidental Mechanical Suffocation .....	...	...	2	...	2
Motor Accidents.....	...	...	...	1	1
Infanticide	1	...	...	...	1
Total	158	23	24	27	232

TABLE K.

Comparative Figures of Principal Causes of Deaths under One Year during 1922-26.

Causes of Death.	1922.	1923.	1924.	1925.	1926.
Whooping Cough	6	...	9	23	1
Convulsions.....	11	9	9	7	5
Bronchitis	4	10	5	3	1
Broncho-pneumonia	12	20	16	15	5
Pneumonia	20	23	24	20	13
Diarrhoea and Enteritis ...	37	35	16	29	30
Congenital Debility	37	37	47	37	29
Syphilis	4	6	6	3	1
Malformations	36	29	28	20	19
Prematurity	91	86	90	81	78
Other Diseases of Early Infancy	25	17	8	8	13

TABLE L.

NUMBER of Licences Issued and Number Existing at 31st December, 1926.

	Number of Applications.	Licences Issued.	Number Existing at 31st Dec., 1925.	No. of Prosecutions.
Metropolitan	14	14	14	...
Extra Metropolitan.....	61	61	58	...
Total	75	75	72	...

“ THE HOSPITALS ACT, 1918.”

Public Hospitals.—During the course of the year visits were made to many public hospitals throughout the State for the purpose of conferring with the controlling authorities upon the various matters having an important bearing upon the administration of these institutions. By such visitations one is able to form a much better opinion as to the justice of the demands made upon the Government from time to time for increased or special subsidies. With the ever increasing expenditure devolving upon the Government in the administration of these institutions no effort has been spared towards their efficient and economical control, and in this regard it is pleasing to be able to record the valuable co-operation and assistance forthcoming from the boards of the various hospitals, the members of which act in a purely honorary capacity.

The scheme whereby supplies for public hospitals are obtained through the medium of the Supply and Tender Department is working very satisfactorily, and, in my capacity as a member of the Tender Board, I am in a position to keep in close touch with this most important branch of the work of these institutions.

Liability for Maintenance and Treatment in Public Hospitals of Persons Suffering from Infectious Disease.—A certain amount of opposition has been expressed to the provision in “The Hospitals Act, 1918,” which makes local authorities responsible for the maintenance and treatment in hospital of persons suffering from infectious disease in their districts. A resolution bearing upon this matter was received from the Municipal Association of Tasmania urging the Government to amend the law to provide that where patients are able to pay for treatment they should be required to do so. I expressed myself as not being in favour of the law being amended in this direction, for the reason that it is considered equitable that the ratepayers as a whole should meet the cost, as the removal of an infective person is primarily for the benefit of all, and not specially for the patient. Moreover, the cost per ratepayer is very small, and should be regarded as an insurance against acquiring infection. If patients were not removed, the prevalence of infectious disease would, doubtless, be much greater.

Private Hospitals.—At the close of the year there were 72 licensed private hospitals. Details in respect of these are subjoined (Tables L-O).

Legal proceedings were instituted against two persons for contravening the law by conducting unlicensed premises. Such proceedings resulted in the minimum fine of £10 being imposed in each case. Warnings were issued to certain other individuals, who, through ignorance of the requirements of the law, were receiving lying-in cases into their premises.

The routine inspection of private hospitals throughout the State was carried out by the Supervisory Nurse and members of the inspectorial staff. With the exception of a few minor sanitary defects, these inspections revealed very satisfactory conditions, which redound to the credit of those concerned.

TABLE M.
CLASSIFICATION.

	Medical, Surgical, and Lying-in Hos- pitals.	Medical and Surgical Only.	Lying-in Only.	Total.
Metropitan	3	1	10	14
Extra Metropolitan.....	11	...	47	58
Total	14	1	57	72

TABLE N.
CLASSIFICATION according to Number of Beds.

	1.	2.	3.	4-5.	6-10.	11-20.	Over 20.	Total.
Metropolitan	1	...	...	4	4	3	2	14
Extra Metropolitan.....	15	8	9	13	10	2	1	58
Total	16	8	9	17	14	5	3	72

TABLE O.
QUALIFICATIONS of Resident Managers.

	Duly Qualified Medical Practitioners.	Qualified Nurses.	Unqualified Persons.	Total.
Metropoliton .....	...	14	...	14
Extra Metropolitan	10	48	...	58
Total	10	62	...	72

BUSH NURSING.

The report of the Supervisory Nurse attached to the Department, which will be found in Appendix III., serves to illustrate the splendid services being rendered by the bush nurses located in the various centres throughout the State. At the end of the year nurses were operating in no less than 14 centres; in nearly every instance, too, at some distance from any medical practitioner. Under the circumstances their presence in these isolated districts brings security and comfort to many homes. It is a very pleasing characteristic of the local people that they do everything possible for the comfort and happiness of the nurse in her isolated surroundings, so much so that the official in one particularly isolated centre has been working there for a period of six years, and has no intention whatever of resigning her position.

I am able to record that there is no longer any dearth of suitable applicants for bush nursing positions, as referred to in my previous report. For the past six months the Department has had on record the names of nurses who are awaiting appointments. Another pleasing feature is that nurses previously employed by the Department have asked for another appointment after having had a rest from the work.

In the course of their duties nurses are required to perform child welfare work, and, in order that they may be the better equipped to fulfil this function, an effort will be made for them to undergo a course of training at the Mothercraft Home.

The Bush Nursing Association (Southern and Northern Divisions) continues to give the Department every assistance in the administration of the bush nursing scheme. They are ever willing to help financially any district where such support is merited, in order that the services of a nurse may be retained.

“ PLACES OF PUBLIC ENTERTAINMENT ACT.”

Officers of the Department, in the course of sanitary surveys of municipal districts, inspected all public buildings licensed under this law. In many instances it was observed that the sanitary accommodation provided fell short of requirements, and steps were taken, through the local health authority, to remedy the existing conditions. Another defect noted was the lack of fire-extinguishing appliances in certain buildings. This matter was also rectified through the same channel, although in one case, where the Department required the provision of a hydrant and a hose, the council concerned would not permit the owners of the building to connect with its water-supply. Unfortunately, the matter could not be pursued further, owing to the Crown law officers having advised that the Department had no statutory power to compel a local authority to grant the necessary permission. The action of the council concerned in this matter is to be deplored, particularly in view of the fact that the licensing of these buildings, once they are opened, rests with the local authority.

“ The Places of Public Entertainment Act ” also provides for the licensing of cinematograph operators, and during the year 70 such licences were issued. The fees received for such licences totalled £52 2s. 6d.

The Picture Censor Board, constituted under the same Act, continued its operations. The term of appointment of the members expired on 24th August, and they were reappointed for a further 12 months. During the year certificates of registration were issued in respect of 525 films for which fees were payable, the amount of £131 being credited to Consolidated Revenue from this source. Special screenings were only required in two cases, and one of these films was not registered until certain undesirable features had been excised.

“FOOD AND DRUGS ACT.”

Sanitary surveys of most municipal districts have been made with a view of seeing that all places where food is prepared, stored, or exposed for sale comply with the requirements of the law. Food-sampling also received the attention of the departmental officers during the course of these surveys, in accordance with an arrangement entered into with local authorities, whereby this Department purchased the samples and councils met the cost of analytical examination.

Milk-Supply.—As the result of particular attention directed to the milk-supply there have been signs of progress in certain aspects of this matter. Much more could be accomplished, in this and other directions, if the Department had the staff to do the work involved.

Milk-Fat Standard in Butter.—This standard was reduced from 82 per cent. to 80 per cent. mainly because the Commonwealth Government adopted that standard for export.

Flour in Manure-Bags.—Complaints came to hand from the North-West Coast that flour was being imported from some of the mainland States in manure-bags. Despite attention directed to this matter over a period of some months, no evidence could be secured to substantiate such complaints. In the event of any proof being forthcoming the Department will take immediate steps to prevent any recurrence of such a breach of the law.

Seizure and Condemnation of Unsound Food.—Amongst the foodstuffs seized and condemned as unfit for human consumption were 125 bags of Barcelona Nuts. The analyst reported that many of these nuts were rancid and discoloured, others were hollow and decomposed in the centre, and a large number were infested with mites, and were also mouldy.

Mutton-Bird Industry.—The continued supervision exercised by this Department over this industry has been productive of good results. The fact that the birds are prepared and packed for sale under Government supervision has a beneficial effect upon the industry.

Food Standards Committee.—This committee met on four occasions during the year, for the purpose of expressing its views regarding various matters having a direct bearing upon the existing standards.

Food Sampling and Examination.—Detailed particulars of food-sampling, and the analyst's report of examinations conducted by him, are contained in Appendices I. and V.

MIDWIVES ACT.

The names of 12 persons were entered on the Register of Midwives during the year. One of these was registered after successfully passing the examination prescribed under the Act, whilst the remainder were added by virtue of their possessing certificates recognised by the Midwives' Registration Board.

Two hundred and eleven midwives notified the Registrar of their intention to practise during the year. This number is well up to the average of previous years.

The Midwives' Registration Board was called together on two occasions for the transaction of business coming within its jurisdiction. On 18th June Miss Cecilia Stokell was appointed a member of the Board, *vice* Miss Pate, who had acted since its inception in 1918, and had rendered excellent service.

During the month of October reciprocal relations were established with New South Wales in connection with the registration of midwives. This reciprocity, however, is limited to those midwives who have been registered after prescribed training and examination in each State. Reciprocity has already been established with Victoria, and it is intended to enter into negotiations with the other States of the Commonwealth on the subject, as soon as the opportunity presents itself.

The Supervisory Nurse attached to the Department has continued, with good results, the work of keeping in touch with the midwives practising throughout the State, with a view of ensuring that a proper standard of efficiency is maintained. In a few instances only was it necessary to insist upon certain requirements receiving attention. Inquiries were instituted in connection with complaints received regarding unqualified persons attending women in child-birth, but in no instance was it possible to secure satisfactory evidence to admit of legal proceedings being successfully instituted against the offending parties. An early opportunity will be taken of having the law amended to further restrict unqualified practice.

CONCLUSION.

My thanks are due to each individual member of the staff of the Department for the support and co-operation extended to me during the year. I am also grateful for the assistance rendered on many occasions by officers of other departments, notably the Solicitor-General and other officers of the Crown Law Department, the Commissioner of Police, and the Statistician.

I have, &c.,

E. J. TUDOR,
Secretary for Public Health.

The Honourable the Chief Secretary.

APPENDICES.

APPENDIX I.

Department of Public Health,
Hobart, 13th April, 1927.

SIR,

I HAVE the honour to submit the following report of the work performed by the inspectorial staff of the Department during the year ended the 31st December, 1926.

Visits of inspection have been made to the following municipal districts:—Beaconsfield, Bothwell, Brighton, Campbell Town, Circular Head, Clarence, Deloraine, Devonport, Emu Bay, Esperance, Fingal, Flinders Island, George Town, Glamorgan, Glenorchy, Gormanston, Green Ponds, Hamilton, Hobart, Kentish, Kingborough, Latrobe, Launceston, Leven, Lilydale, Longford, New Norfolk, Oatlands, Penguin, Port Cygnet, Queenstown, Ringarooma, Richmond, Huon, St. Leonards, Scottsdale, Sorell, Strahan, Table Cape, Tasman, Waratah, Westbury, and Zeehan.

Sanitary Surveys.

In the majority of instances complete sanitary surveys of the districts were made, with a view of assisting the local authority inspectors, who have numerous other duties to carry out, and, generally speaking, defer inspections of importance until a State health inspector visits the district. The complete survey of a municipal district includes reports on water-supply, drainage, dairies, public buildings, sanitary disposal ground, garbage disposal, sanitary conditions of licensed premises, septic tank installations, cattle-yards, cemeteries, &c.

In addition to these surveys the staff have been employed in Commonwealth quarantine duties, inspection of vessels under "The Navigation Act," food and drugs sampling, inspection of private hospitals, and at various times investigating the causes of outbreaks of infectious diseases.

The sanitation of country schools continues to receive marked attention, and many recommendations for improvements in this direction were forwarded to the Education Department.

Construction of Sanitary Conveniences.

It is regrettable to report that, despite numerous recommendations to local authorities, officers continually have to call attention to large numbers of dilapidated and insanitary earth-closets in many of the country districts. The majority of the local authorities have adopted by-laws which provide, among other things, for the uniform construction of closets, and it is reasonable to assume that in the interests of public health some attempt should be made to enforce such by-laws.

Milk Supplies.

As in the past years, the source of the milk supplies, together with the methods of distribution, have received the attention of the staff. As time goes on, marked improvements are noted, both in the quality of the milk and in the method adopted to ensure cleanliness and protection from contamination. The work of the inspectors has been productive of good results, and it is encouraging to note that dairymen (generally speaking) do not, as in the past, resent the visits of inspectors. They are slowly realising that such officers are able and willing to advise them on the correct lines regarding the general lay-out of dairy premises, and can assist them with practical advice regarding construction of buildings and improved methods of dairying.

Food and Drugs.

With the reduced staff of three inspectors it was found impossible to give sufficient time to the important duties connected with the provisions of "The Food and Drugs Act." During the year only 141 samples of foods and drugs were purchased for analysis. This compares very unfavourably with the number for previous years, but it was impossible to detail one officer specially for food-sampling.

The amount of food adulteration in this and other States calls for increased supervision each year, and it must be remembered that food adulteration is not carried on for any purpose other than profit. It is obvious that defective supervision is apt to place a premium on dishonesty, with consequent injury to the public health.

The following samples of foods and drugs were submitted for analysis:—

Milk	62
Butter	7
Cream	16
Carbonate Soda	1
Lemon Squash	3
Coffee and Chicory Essence	3
Essence of Lemon	1
Pineapple Syrup	1
Cream of Tartar	1
Port Wine	1
Raspberry Vinegar	1
Dandelion Ale	1
Ginger Beer	2
Lemonade	3
Lemon Crush	1
Coffee and Chicory	3
Glauber Salts	1
Arrowroot	1
Bacon	1
Cheese	1
Self-Raising Flour	4
Tomato Sauce	1
Honey	1
Cornflour	1
White Pepper	2
Shetland Codfish	1
English Codfish	1
Sausages	5
Brawn	1
Saveloys	1
Summer Drink	1
Indian Curry	1
Strawberry Fizz	1
Rice	2
Barley	1
Vinegar	1
Essence of Vinegar	1
Sage	1
Bloater Paste	1
Rum	1
Cocoa	1
Total	141

Fifteen of the samples (approximately 10 per cent.) were found to be adulterated. Prosecutions were undertaken in five cases, and convictions obtained. Penalties aggregating £12 4s. were inflicted. Ten persons received warnings.

In addition to the above sampling, constant supervision was exercised over foodstuffs in general, with the result that large quantities of unsound fruit were seized as unfit for human consumption. Likewise, several consignments of fish were condemned. Samples of imported fish were obtained for analysis, and found to be artificially coloured, and to contain preservatives. The firms concerned were warned that the sale of this food was contrary to the regulations and that such importations must cease after a certain date.

Mutton-Bird Industry.

As in previous years, a departmental inspector visited the Flinders group of islands to supervise the preparation and packing of mutton-bird, which is an extensive seasonal industry. The visits of the inspector are now welcomed by the "Birders," owing to the fact that when such birds are prepared for sale under Government supervision an enhanced price can be obtained.

Catamaran Coalfields.

Owing to the opening of the coal mines at Catamaran, a large number of people settled in the district, and considerable difficulty was experienced in finding the necessary boarding and lodging accommodation for them. An officer was deputed to visit the district to see what could be done to obviate the overcrowding. Consequent upon his report the Catamaran Mining Company immediately commenced the erection of 20 cottages, improvements being also made to existing buildings. The new buildings were erected with iron roofs, and provided with water-storage tanks.

Further attention is still required to provide efficient drainage. Plans have been prepared, and the work will be proceeded with in the near future.

Osmiridium Fields.

During the period under review two visits were made to Adamsfield for general health supervision and sanitation. The resident population has been reduced considerably, and is now of a more permanent nature. No epidemic of infectious disease has been reported from the field up to the present. This is probably due to the precautions taken by the Department when the field was first discovered.

Bi-annual Health Inspectors' Conference.

The bi-annual Health Inspectors' Conference and Class of Instruction was held during the month of November. A large number of inspectors attended, and derived benefit from the lectures and demonstrations given. At the close of the conference an examination was held by the Royal Sanitary Institute Examination Board to enable candidates to qualify for the Sanitary Inspectors' Certificate.

Proposed Installation of Septic Tanks at Swansea.

At the request of the Glamorgan Local Authority a visit was made to Swansea, and the Council was advised regarding its proposal to install septic tanks in preference to a nightsoil pan service. After careful inspection of the township, and due enquiry regarding disposal of effluent, the local authority was informed that the scheme would be approved, provided an adequate water-supply was assured. Plans of the scheme are now being prepared, and it is hoped that the work will be put in hand during the ensuing year.

Rat-Extermination.

Returns furnished by the rat-catcher show that 89,370 poisoned baits were laid on the foreshores and under the wharves, piers, and other structures, and buildings in and around the river-frontage in Hobart. The following summary indicates the varieties and number of baits:—

Phosphorus and bread	58,650
Phosphorus and fish	30,720
	<hr/>
	89,370

Rejected baits numbered 27,675, approximately 30 per cent. Traps to the number of 13,263 were set, and 4470 rats caught.

Public Buildings.

Plans and specifications of the following new buildings and alterations to public buildings were submitted to the Department for approval:—

- Munieipal Hall, Smithton (additions).
- Church, Kimberley.
- Public Hall, Emita, Flinders Island.
- Public Hall, Swansea (additions).
- Salvation Army Hall, Glenorchy.
- Community Hall and Health Depot, Moonah.
- Hutchins School, Hobart.
- Bursaries Board Building, Hobart.
- Elite Stadium, Argyle-street, Hobart.
- New Town State School (additions).
- Public Hall, Railton.
- St. Finn Barr's School, Launceston.
- Church of Christ Chapel, Sandhill.
- Naval Depot, Wharf, Launceston.
- Church of Christ, Ulverstone.
- Public Hall, Blessington.
- Soldiers' Memorial Hall, St. Leonards.
- Public Hall, Bridport (additions).
- Murdunna Hall, Sorell.
- Church of England, Sorell.
- Public Hall, Frankford.

Conclusion.

In conclusion, I desire to state that the staff of inspectors have worked hard and conscientiously throughout the year, and merit commendation for the careful way in which they have carried out arduous, and at times unpleasant, duties.

I have, &c.,

J. RILEY, Chief Inspector.

The Secretary for Public Health.

APPENDIX II.

Department of Public Health,
Bacteriological Laboratory,
Hobart, 31st January, 1927.

SIR,

I HAVE the honour to submit the following report of work performed at the Department's Laboratory during the year ended 31st December, 1926.

The total number of specimens forwarded from all parts of the State was 3193.

Diphtheria again claimed principal attention, 2135 swabs being received for bacteriological examination. Numerous specimens of suspected tuberculosis, typhoid, and gonorrhœa, as well as many others of various other diseases, were examined and reported upon.

A tabular statement of the specimens examined during the year will be found appended.

I have, &c.,

GEORGE HADDOW,
Government Bacteriologist.

The Secretary for Public Health.

Table Showing Particulars of Specimens Examined at the Laboratory during the Twelve Months ended 31st December, 1926.

Disease Suspected.	Nature of Specimens.	Number.	Positive.
Diphtheria	Throat swabs	2135	139
Tuberculosis	Sputum	727	367
	Urine	5	—
Typhoid	Blood for Widal's test ...	57	21
	Fæces for typhoid bacilli	12	—
	Urine " " "	9	—
Gonorrhœa	Smears of pus	219	41
Miscellaneous	.....	28	—
Autogenous vaccines	.....	1	—
	Total	3,193	568

Diphtheria Swabs from Schools.

Name of School.	Number.	Positive.
Bracknell State School	61	1
Beaconsfield State School	42	—
Total.....	103	1

Miscellaneous.

	Number
Differential blood count	1
Cerebro-spinal fluid for tubercular bacilli	2
Cerebro-spinal fluid for organisms	2
Cerebro-spinal fluid for meningo-cocci	1
Water for qualitative analysis	8
Water for typhoid bacilli	2
Pus from cystitis for tubercular bacilli	1
Pus from brain for organisms	1
Pus for organisms or tubercular bacilli	1
Pleural fluid for organisms	1
Pleural fluid for tubercular bacilli	1
Urine for organisms	1
Urine for organisms and general examination ...	1
Smear from eye for gono-cocci	1
Sputum for hydatids	1
Growth from wrist for tubercular bacilli	1
Swab for tubercular bacilli	1
Swab from puerperal uterus for organisms	1
Total	28

Materials Supplied.

	Number.
Diphtheria swabs	2,500
Wright's blood tubes	50
Tubes for typhoid specimens	40
Media in tubes	50
Micro-slides	200
Wassermann tubes	150
Sputum pots	840

The above materials were prepared and supplied to medical practitioners, hospitals, and municipal councils throughout Tasmania.

APPENDIX III.
BUSH NURSING.

Department of Public Health,
Hobart, 12th April, 1927.

SIR,
At the end of 1926 there were 15 bush nursing centres operating in this State.
The Tyenna centre closed at the end of March, owing to the difficulty of retaining the services of a nurse, through the lack of suitable transport to enable her to visit patients at a distance.
The Adamsfield centre opened in June. Sister Bessell is in charge. The vigilance committee holds itself responsible for the scheme, the diggers on the field paying regular subscriptions to meet the liability involved.
The Lakes district, which closed during the winter months, reopened on the 20th December. Sister Ellis is in charge. This centre is maintained by regular subscriptions paid by the men working on the Shannon scheme. The committee allows the nurse to visit patients in the outlying districts, these patients paying fees as arranged by the Bush Nursing Association.
The Ouse centre opened in December. Sister Potts is temporarily in charge until a permanent nurse is procured. In this centre the subscribers pay reduced fees.
The Rosebery centre opened in February, Sister Campbell being placed in charge. This centre comprises a portion of the area controlled by the Montagu medical union, and was formerly worked by the bush nurse at Tullah. Owing to the increased population at Rosebery, however, it was deemed necessary to establish a separate centre there.
A summary of the work performed in each centre is contained in the following table:—

Centre.	Visits to Nurse.	Visits to Patients.	Nursing Days.	Maternity Cases.	Child Welfare Visits.	Mileage.	Fees.	Hospital.
Adamsfield	172	26	41	...	...	19	£ No fees	...
Avoca	87	285	40	...	214	1273	23 5 8	1 bed
Blessington	28	60	52	3	113	2404	32 1 6	...
Bruny	44	190	63	5	162	1652	38 5 6	...
Emu Bay	5	38	232	12	157	901	69 19 0	...
Lakes	100	98	43	...	3	50	2 5 0	1 bed
Lilydale	43	338	20	18	113	1807	72 16 6	...
Maria Island	790	321	127	...	83	468	No fees	2 beds
Marrawah	109	241	86	12	216	1052	68 14 6	1 bed
Ouse .....	...	2	7	...	...	58	3 8 6	1 bed
Rosebery	692	1060	12	1	75	1391	No fees	2 beds
Swansea	81	644	23	23	31	776	69 7 3	1 bed
Tasman	56	165	382	24	105	2729	111 0 1	4 beds
Tullah	963	911	66	3	314	1014	No fees	2 beds
Tyenna	14	113	...	5	19	539	27 13 0	...
Ulverstone .....	...	179	187	18	404	1199	77 13 9	...
	3157	4669	1325	124	2009	17,292	...	...

Ouse centre opened 10th November, 1926.
Tyenna centre closed 31st March, 1926.

I have, &c.,

C. STAMMER, Supervisory Nurse.

The Secretary for Public Health.

APPENDIX IV.

CHILD WELFARE ASSOCIATION.

HOBART CENTRE.

Hobart, 14th April, 1927

Nurse's Report for the Year ended 31st December, 1926

	Number.
Visits paid by the nurses during the year ...	4,391
Visits paid to new-born infants	781
Further visits to mothers and babies in their homes	3,463
Individual mothers and babies visited	908
Visits to pre-natal cases	60
Miscellaneous visits	87
Attendance at the clinic, including 222 pre-natal	8,624
Individual mothers and babies who attended clinic	957*

* Of these, 745 were from the city and suburbs, and 212 from the country.

Drs. W. I. Clark and Stuart Gibson, when required have attended babies whose parents are not on medical lodges and are unable to pay the medical fees.

Printed pamphlets issued by the Public Health Department have been sent to all mothers who were not visited by child welfare nurses after the notification of birth.

The records of the infant-feeding for the first nine months as compared with those of the previous year are as follow :—

	1926.	1925.
	%	%
Babies wholly or partially breast-fed for three months	89	80
Babies wholly or partially breast-fed for six months	78	66
Babies wholly or partially breast-fed for nine months	70	61

This increase in the number of naturally-fed babies is satisfactory, and shows that the importance of breast-milk for babies is becoming more generally recognised, though there are a great number of babies weaned before nine months of age owing to lack of the proper management of breast-feeding.

A course of lessons in mothercraft and infant hygiene has been given to four classes of girls from the State schools in the city. There were 12 to 15 girls in each class, and all were keenly interested.

Articles on child welfare have been published weekly in the "Illustrated Mail." That they are widely read by mothers in all parts of the country is shown by the letters received from various districts. Letters from 142 correspondents desiring individual advice have been received and answered.

Mothers of young babies in poor circumstances have been supplied with milk free of charge, or on payment of a small sum of money.

Donations of baby clothes have been distributed when necessary.

The New Zealand emulsion, prepared in New Zealand by Sir Truby King's formula, is in constantly extending use, 1050 lb. having been used during the year. The emulsion supplies the extra fat required when ordinary milk is modified to make it suitable for baby's needs; that is to say, humanised.

It is gratifying to note the increasing co-operation of the medical profession and the nurses. This tends to simplify the task of helping the parents to realise the life-long benefits to be obtained by maintaining a normal standard of health from birth.

The members of the Child Welfare Association have been untiring in their efforts to do the part they have undertaken, i.e., their share of the upkeep of the welfare centres, and of the Mothercraft Home, which continues to maintain the high standard of efficiency in the training of nurses in mothercraft, and where mothers in residence, and mothers of babies who have received treatment in the Home, are taught the way to continue their babies' progress along the lines of health.

I have, &c.,

C. BONNILY, Superior Nurse.

The Secretary for Public Health.

MOONAH AND NEW TOWN CENTRE.

Hobart, 20th April, 1927.

Nurse's Report for the Year ended 31st December, 1926.
SIR,

Visits paid by the nurses during the year totalled 1954, and comprised—

Visits to newly-born infants	270
Visits paid to mothers and babies in their homes	1,550
Visits paid to pre-natal cases	105
Visits to individual mothers and babies ...	419
Miscellaneous visits	29

Attendances at the clinic totalled 2579.

Individual mothers and babies	293
Pre-natal cases	54

The Moonah and New Town branch of the Child Welfare Association has now completed over five and a half years' work in the districts of New Town, Lenah Valley, Moonah, Derwent Park, and Lutana. This branch has made steady progress throughout the year.

During the past year the local committee has been active. It has purchased land in Albert-road for a new clinic, which it hopes to build on early next year.

The students from the Mothercraft Home continue to do their district training at this centre.

Mothercraft and infant hygiene lessons commenced in March, there being two classes from New Town, one from Moonah, and one from Glenorchy State Schools.

Miss Cave was granted extended leave from 14th May to 19th July, and Miss Gallus from Hobart centre was on duty during her absence.

The nurse desires to thank all who helped in every way during the past year.

I have, &c.,

A. F. F. CAVE, Child Welfare Nurse.

The Secretary for Public Health.

GLENORCHY BRANCH.

Hobart, 20th April, 1927.

Nurse's Report for Year ended 31st December, 1926.

SIR,
Visits paid during the year totalled 375, and comprised—

Visits to new-born infants	35
Subsequent visits	270
Individual return visits	47
Miscellaneous visits	64
Visits to pre-natal cases	6

The attendances at the clinic totalled 494, including 5 pre-natal cases.

The Glenorchy branch of the Child Welfare Association has now been in existence three years, and the work in the district is progressing steadily. A nurse from the central clinic spends every Wednesday in the district. The morning is spent visiting mothers in their homes, and the afternoon in attendance at the clinic.

A course of instruction in mothercraft and infant hygiene was given to a class of girls from the Glenorchy State School.

We wish to thank the members of the committee and others who have helped at the clinic during the year.

I have, &c.,

N. E. HINDES, Child Welfare Nurse.

The Secretary for Public Health.

LAUNCESTON CENTRE.

Launceston,

14th April, 1927.

Report of Sister-in-Charge for Year ended 31st December, 1926.

SIR,
The following are the statistics for the year:—

No. of visits paid to the Launceston Clinic	4,514
No. of visits paid to the Invermay Clinic	718
No. of visits paid to the Longford Clinic	161

Total visits paid to clinics 5,393

No. of new babies brought to Launceston Clinic	264
No. of new babies brought to Invermay Clinic...	57
No. of new babies brought to Longford Clinic ...	13

Total new babies 334

No. of visits paid to homes by Launceston Sister	1,587
No. of visits paid to homes by Invermay Sister	1,554
No. of visits paid to homes by Longford Sister	38

Total visits to homes 3,179

No. of new babies visited by Launceston Sister...	392
No. of new babies visited by Invermay Sister ...	173
No. of new babies visited by Longford Sister ...	38

Total new babies visited 603

Our aim and object is to keep our babies healthy, and to do this we must have the mothers' co-operation. During the first month of the baby's life, when the mother is not feeling too strong, she is often glad to share her responsibility with a baby health sister. If, then, she will bring her baby to us regularly for weighing and advice, we can do much to keep her baby breast-fed and well, and help both her and baby along the best lines for good health. But so often the mother comes to us when she is in difficulties only, when she has weaned baby, and tried various patent foods and all her neighbours' varied advice, with a sick baby to patch up. "It is better to put up a fence at the top of a precipice than to maintain an ambulance at the bottom."

The mistaken ideas that the clinic is for sick or poor babies only, and that it is a sort of agency for humanised milk, must be wiped out. Our aim is to "Help the mothers and save the babies."

Out of 334 new babies brought to the clinics during the year, only 260 were breast-fed, and 30 per cent. normal healthy babies. The remaining number consisted of babies suffering from indigestion and over-feeding, malnutrition, constipation, diarrhoea, and other minor upsets. Infantile diarrhoea, which carries away so many babies in the summer-time, has not been so severe this year. Pamphlets advising the mothers to breast-feed their babies and safeguard them against the infection, as well as teaching them how to prevent this dread summer disease, have been freely distributed among the mothers. Some deaths have occurred, but there is no doubt that the mothers in general are realising more and more that early treatment soon eliminates the danger. The majority of mothers now promptly give castor oil and boiled water pending the arrival of the doctor or sister. Our war against "dummies" or "charms," the germ carriers, seems ineffective, but must in time decrease the number used.

Expectant Mothers.—During the year there have been 89 visits from expectant mothers. This number should increase this year, as we learn to understand more fully how careful attention to the proper diet, fresh air, outdoor and special physical exercise, and regular habits, must raise the standard of fitness. Much can be done to secure safer maternity and decrease mortality among babies in the first year of life.

Country Mothers are responding well to the letters and offers of help—277 letters, with literature enclosed, have been written by the sisters during the year, and 149 have been received asking for advice. That these letters are appreciated is shown by the letters received by us. Here are two extracts from letters, the first from a mother in Perth, and the second from Chudleigh:—

"I was very pleased to get your letter. It helped me such a lot, and I am hoping to come to Launceston within a week or two. Baby has been better, but still sometimes after I feed her she cries as though she is still hungry. She is good at night. I am trying to follow your instructions, but so many people tell me different things they make my head turn. One says she is starving, another it will turn her brain if I let her cry; another to use the charm, and so on. But I am doing my best. Thank you so much for your help."

"Would you mind writing me and advising me as to the treatment of my baby? She gets constipated, so I give her castor oil, and that seems to make her worse afterwards. Could you tell me of anything that will make her more regular with her bowels? If I lived nearer Launceston I would have called to see you, but I was advised to write to you and you would tell me anything about baby I wanted to know."

An article published in the "Weekly Courier" each week, dealing with child welfare, is written with a view to assisting country mothers.

Longford.—Our new clinic opened at Longford, and attended by a clinic sister from Launceston twice a month, is a progressive movement. The need of more clinics is

great, and we hope the time is not far distant when a nurse, with a motor-car at her disposal, will be appointed to visit and start clinics in all the country towns.

Certified milk has been supplied continuously during the year; approximately 4526 pints have been distributed to those unable to provide sufficient nourishment for their babies. The incidence of winter hardship and the sufferings occasioned by unemployment make urgent calls from time to time upon the generosity of the committee and all engaged in charitable endeavour. In various ways assistance has been rendered, and the fact that 336 garments have been distributed indicates something of the extent to which the Association has been able to help in the work of relief. That such assistance is made possible is attributable to the generous public, who are convinced that the clinic's efforts to maintain the standard of health in children to enable them to become efficient members of the community, are deserving of all possible encouragement.

Emulsion.—The demand for New Zealand emulsion, used for the preparation of humanised milk in the homes where the baby cannot have mother's milk, is gradually increasing, and has proved invaluable during the summer months.

Mothers' Books.—The mothers' little books, in which baby's weight, diet, and record of health for mothers, is kept, have helped our work considerably; also the new weight cards, instead of the old history ones we used last year.

To Sum Up: Our work is growing, our numbers increasing, and we feel that the time given to individual babies is insufficient. The need for the appointment of another nurse is felt. We would like to push further afield and open more centres. We ask the mothers to seek our advice in the first few weeks of baby's life, thus giving us the opportunity of rectifying in the mother such conditions as constipation, wrong diet, insufficient water drinking, and exercise, all of which are detrimental to successful nursing. Also the simple essentials for baby's health can be proved to the mother with the following results:—A healthy mother, a healthy breast-fed baby, and a happy, peaceful home. This in turn means a healthier nation, better citizens, and more prosperity for our country.

O. M. GREEN, Sister-in-Charge.

The Secretary for Public Health.

APPENDIX V.

REPORT OF GOVERNMENT ANALYST.

Return of Samples of Foods, Drugs, &c., Examined in the Government Laboratory during 1926.

Air	4
Butter	10
Cereals	13
Confectionery, &c.	5
Cream, bottled	18
Cream of tartar and baking powder	5
Drugs and chemicals	30
Essences	11
Fish, tinned	20
Apples, for arsenic	173
Other fruits	43
Jam, fruit-pulp and dessert fruits	312
Milk, cows	377
Milk, human	27
Nuts	10
Oils and fats	7
Poisons, tests for	35
Sauces, salts, and condiments	4
Sausages, saveloys, brawn	8
Smoked fish and bloater paste	3
Spirits, wines, cordials	152
Tea, coffee, cocoa	11
Vinegar	3
Tobacco	1
Water	29
Sundries	12
Total	1323

Butter.

One sample contained 4.4 per cent. of salt, which is 10 per cent. in excess of the maximum allowed.

Cereals.

These included Gluten bread.

Condiments.

One pepper showed foreign starch grains, but only in small proportion.

Confectionery, &c.

Liqueur chocolates, tested for alcohol, showed the practical absence of spirit.

Cream, Bottled.

Milk fat ranged from 33.6 per cent. to 51.3 per cent. Boric acid, in one sample, was 32 per cent. in excess of the minimum allowed.

Cream of Tartar and Baking Powder.

The satisfactory diminution in the lead present, due to past testing on importation, was still maintained.

Drugs and Chemicals.

These included nicotine, sulphate, tincture of opium, quinine and gin, bromoform, terchloride of ethylene, soothing syrup, naphthelene, and corn cure.

Essences.

A fruit essence was made with iso-propyl alcohol instead of the usual ethyl-alcohol.

Fish, Tinned.

Samples are examined on importation as to fitness for consumption, and the containers as to absence of poisonous metals in the tin coating.

Jam, Fruit, Pulp, and Dessert Fruits.

Samples of these were examined prior to export. Supplementary tests of fresh fruit were made in connection with these.

Milk, Cows.

Three hundred and seventy-seven samples were examined, an increase of 69 on the number for the previous year. Sixty-eight milks were below minimum standard, as against 37 samples deficient in 1925. These figures represent an increase in the proportion of adulterated samples from 12 per cent. in 1925 to 18 per cent. in 1926. The leniency shown to offending vendors when prosecuted and the ease with which the small fines usually imposed can be made up by selling added water as milk, at 8d. per quart, appear to be responsible for this regrettable increase. One sample showed the extreme of two measures of milk adulterated with three measures of water, and another represented three measures of milk with one measure of added water. The reasonable requirements of the minimum standard are shown by the following average results obtained from batches of samples received from various parts of the State.

Month.	Fat.	Solids not Fat.	Total Solids
February	4.26	8.74	13.00
May	4.10	8.68	12.78
August	4.27	8.99	13.26
September	4.40	8.92	13.32
Milk Standard	3.30	8.50	12.00

For comparison (minimum).

Milk, Human.

Twenty-seven samples were tested, chiefly for the Child Welfare Association. Also 4 samples of other foods for infants.

Nuts.

Ten samples of almonds, filberts, and walnuts were variously defective owing to mould, rancidity, mites, and heating.

Poisons, Tests for.

No poison was detected in a medicated wine which had been drunk very freely shortly before death. The wine contained 33 per cent. of proof spirit, with some quinine, but no poisonous substance.

A homing pigeon showed symptoms of poisoning by acetylene gas.

One hundred and seventy-three samples of apples for export were carefully tested, but in no case did the arsenic trioxide found exceed the allowed maximum of one-hundredth of a grain per pound.

Sausages, Saveloys, Brawn.

Three samples contained excess of starch up to 43 per cent. above the minimum, and, in two of these, water was excessive also in comparison with the protein contents. The water determined ranged from 55 per cent. to 79.5 per cent.

Smoked Fish and Bloater Paste.

Samples of fish were artificially coloured, and also contained boric acid, both contrary to regulation.

Bloater paste was coloured with oxide of iron. This colouring matter has, for many years, been added to anchovies and preparations from them, but it is not an authorised ingredient.

Spirits, Wines, Cordials.

Samples of whiskey, gin, and rum were deficient in strength up to 9 per cent. of proof spirit. A rum had a slight flavour of creosote, and "schnapps," so retailed, was a coloured spirit, quite devoid of schnapps flavour. A home-made wine contained 8·7 per cent., and a cider 10 per cent. of proof spirit.

Tea, Coffee, Cocoa.

A coffee, supposed to be adulterated, was found to be insufficiently roasted.

Tobacco.

A sample contained an excess of moisture, and had undergone a secondary fermentation.

Water.

In connection with proposals to draw from the Derwent, or the Ouse, to supplement the Hobart supply, samples examined were unsatisfactory, but showed great difference in composition between those taken in March and August. Various samples were examined for the Hydro-Electric Department, and in connection with proposed supplies for various public bodies. A sample supposed to indicate the presence of mineral oil showed the usual deceptive film of oxide of iron. The point is always emphasised that, however favourable the results of analysis may seem, it is always necessary to examine carefully the surroundings of the supply for possible sources of contamination.

Air.

Four samples of air, taken from a theatre, showed marked differences in the proportions of carbon dioxide present in different parts of the house.

Sundries.

"Tinned" *Frying-Pan*.—The metal coating of this contained over 50 per cent. of lead, and its use, therefore, would be distinctly dangerous. The Commonwealth regulations for tin-plate containers of foods require that lead shall not exceed one per cent.

W. F. WARD, Government Analyst.

20th June, 1927.

APPENDIX VI.
VITAL STATISTICS.
Statistical and General.

Population—			
Estimated on the 31st December, 1926 :—			
Males	...	...	106,330
Females	...	...	103,424
Total	...	...	214,754
Mean population, 1926 (for whole year)—			
Males	...	...	104,889
Females	...	...	106,327
Total	...	...	211,216
Mean population, 1925 (for the whole year)			
Decrease for the year			2,254
The population of the State, as shown by the figures, reveals a decrease of 2254.			
<i>Commonwealth Birth-rate for the Year 1926 per 1000 Persons Living.</i>			
(As compared with the previous year, and a year in the previous decade.)			
	1916.	1925.	1926.
New South Wales	27·53	24·01	22·89
Victoria	24·20	21·49	20·84
Queensland	27·62	23·82	22·58
South Australia	26·85	21·06	20·55
West Australia	27·35	22·23	22·14
Tasmania	29·04	24·45	23·62
Commonwealth	26·57	22·89	22·02

<i>Death-rates for 1926 per 1000 Persons Living.</i>			
(As compared with the previous year, and a year in the previous decade.)			
	1916.	1925.	1926
New South Wales	10·49	9·16	9·55
Victoria	11·66	9·47	9·63
Queensland	10·98	8·86	9·39
South Australia	11·50	9·15	8·73
West Australia	9·85	9·00	8·93
Tasmania	10·58	9·35	9·05
Commonwealth	10·95	9·20	9·42

Deaths in Relation to Disease.

The following return, from data supplied by the Government Statistician, shows the number and causes of deaths during the year 1926, also death-rate per 10,000 persons living (mean population 211,216), as contrasted with the previous year, 1925 (mean population estimated at 213,470).

Cause of Death.	Number of Deaths, 1925.	Death Rate per 10,000 persons.	Number of Deaths, 1926.	Death Rate per 10,000 persons.
General Diseases—				
Typhoid Fever	6	·3	8	·4
Malaria	...	...	...	...
Smallpox	...	...	...	...
Measles	...	...	...	...
Scarlet Fever	3	·1	1	·1
Whooping Cough	27	1·3	1	·1
Diphtheria and Croup	13	·6	6	·3
Influenza	8	·4	41	1·9
Dysentery	1	...	...	...
Syphilis	6	·3	3	·1
Tubercular Diseases	137	6·4	131	6·2
Rheumatic Fever, Rheumatism, and Gout	8	·4	10	·5
Cancer, all forms	197	9·2	185	8·8
Dietic Diseases and Industrial Poisoning	4	·2	1	...
Other General Diseases	98	4·6	80	3·8
Total General	508	23·8	467	22·1
Local Diseases—				
Diseases of Nervous System	217	10·2	197	9·3
Diseases of Circulatory System	309	14·5	318	15·1
Diseases of Respiratory Organs	211	9·9	220	10·4
Diseases of Digestive Organs	141	6·6	131	6·2
Diseases of Genito-Urinary System	103	4·8	100	4·7
Diseases of Puerperal Origin	30	1·4	20	·9
Diseases of the Skin	8	·4	16	·8
Diseases of Bones and Malformations	24	1·1	21	1·0
Diseases of Early Infancy	135	6·3	133	6·3
Total Local Diseases	1178	55·2	1156	54·7
Deaths Produced by External Causes—				
Accident or Negligence	98	4·6	99	4·7
Homicide	6	·3	2	·1
Suicide	22	1·0	10	·5
Total External Causes	126	5·9	111	5·3
Ill-defined—Not Specific Diseases—				
Old Age	164	7·7	149	7·0
Ill-defined Diseases	20	·9	29	1·4
Total Ill-defined Diseases	184	8·6	178	8·4
Total Deaths, All Causes	1996	93·5	1912	90·5

Typhoid Fever.

Year 1926.

No. of cases notified	80
No. of deaths (1926—calendar)—	
Males	3
Females	5
	8

Diphtheria.

Year 1926.

No. of cases notified	347
No. of deaths (1926—calendar)—	
Males	2
Females	4
	6

DEATHS from Tuberculosis during the last Ten Years.

	Number.										Death Rate per 100,000 Persons Living									
	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.										
Tuberculosis of Respiratory System (No. 31)	96	93	121	104	132	108	138	127	111	109	49	47	59	49	62	50	64	59	52	52
Other forms of Tuberculosis (Nos. 32-37)	26	31	32	32	24	41	26	37	26	22	13	16	16	15	11	19	12	17	12	10
Totals.....	122	124	153	136	156	149	164	164	137	131	62	63	75	64	73	69	76	76	64	62

RETURN Showing Number of Deaths from Typhoid during the last Ten Years under Age Groups.

Year.	Under 5.		5-10.		10-15.		15-20.		20-25.		25-30.		30-35.		35-40.		40-45.		45-50.		50-55.		55-60.		60-65.		65 and over.		Total.	Persons. 17 11 11 16 26 15 13 8 6 8	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
1917.....	1	2	1	...	2	...	1	2	1	1	7	17	
18.....	2	1	1	1	5	11	
19.....	2	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	11		
20.....	3	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	16		
21.....	1	...	1	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	26		
22.....	1	...	1	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	15		
23.....	1	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	13		
24.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	8		
25.....	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	6		
26.....	1	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	8		
Totals...	2	6	4	8	13	8	7	6	9	4	5	4	5	8	9	4	4	2	5	3	4	3	2	2	...	4	69	62	131

Scarlet Fever.

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 per- sons living.	Deaths per 1000 cases notified.	Death % of cases.
1902-3 ...	—	22	1.3	—	—	—
1903-4 ...	—	26	1.5	—	—	—
1904-5 ...	—	4	.2	—	—	—
1905-6 ...	50	1	.1	—	—	2.0
1906-7 ...	—	—	—	—	—	—
1907-8 ...	18	—	—	—	—	—
1908-9 ...	11	—	—	—	—	—
1909-10...	91	2	.1	—	—	2.2
1910-11...	177	3	.2	—	—	1.7
1911-12...	83	—	—	.44	—	—
1912-13...	159	2	.1	.83	12.6	1.3
1913-14...	225	—	—	1.15	—	—
1914-15...	223	1	.1	1.14	4.5	0.4
1915-16...	138	2	.1	.71	14.5	1.4
1916-17...	63	2	.1	.33	31.7	3.2
1917-18...	60	—	—	.31	—	—
1918-19...	32	4	.2	.16	125.0	12.5
1919-20...	—	—	—	.14	—	—
1920-21...	368	2	.1	1.74	5.4	0.5
1921 ...	598	6	.3	2.79	10.0	1.0
1922 ...	981	7	.3	4.57	7.1	0.7
1923 ...	604	3	.1	2.80	5.0	0.5
1924 ...	376	3	.1	1.75	8.0	0.8
1925 ...	288	3	.1	1.35	10.4	1.0
1926 ...	188	1	.05	0.89	5.3	0.5

Diphtheria.

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 per- sons living.	Deaths per 1000 cases notified.	Death % of cases.
1907-8 ...	151	8	.4	—	—	5.3
1908-9 ...	205	11	.6	—	—	5.4
1909-10...	252	11	.6	—	—	4.4
1910-11...	404	16	.8	—	—	4.0
1911-12...	941	17	.90	4.96	18.1	1.8
1912-13...	1156	35	1.82	6.01	30.3	3.0
1913-14...	937	38	1.95	4.80	40.6	4.1
1914-15...	931	25	1.28	4.75	26.9	2.7
1915-16...	988	36	1.85	5.06	36.4	3.6
1916-17...	850	30	1.55	4.39	35.3	3.5
1917-18...	759	32	1.63	3.88	42.2	4.2
1918-19...	737	17	.85	3.67	23.1	2.3
1919-20...	772	25	1.20	3.71	32.4	3.2
1920-21...	1734	45	2.13	8.21	26.0	2.6
1921 ...	2055	61	2.9	9.60	30.2	3.0
1922 ...	1616	58	2.7	7.52	35.9	3.6
1923 ...	870	32	1.5	4.04	36.8	3.7
1924 ...	597	20	.9	2.78	33.5	3.4
1925 ...	473	13	.6	2.21	27.5	2.7
1926 ...	347	6	.3	1.66	17.1	1.7

